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N. B.—In case there be an one child at birth, a SEPARATE RETURN must be made for each child, the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <u>136</u>	
County of <u>Gila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	City of _____	Co. Registrar's No. <u>460</u>	
(No. _____ St. _____ Ward _____)		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Clorisa Oquita</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth <u>3</u>
Legitimate? <u>yes</u>	Date of Birth <u>Oct. 8-</u>	Month	Day
			Yr. <u>1922</u>
FATHER		MOTHER	
Full Name <u>Ramon Oquita</u>	Full Maiden Name <u>Nicolasa Lopez</u>		
Residence <u>Miami, Arizona</u>	Residence <u>Miami, Arizona</u>		
Color or Race <u>Mex.</u>	Age at last Birthday <u>26</u> Years	Color or Race <u>Mex.</u>	Age at last Birthday <u>24</u> Years
Birthplace <u>Sonora, Mexico</u>	Occupation <u>Miner</u>	Birthplace <u>Sonora, Mexico</u>	Occupation <u>Housewife</u>
Number of child of this Mother <u>3</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Oct. 8-</u> <u>1922</u> at <u>5 P.</u> M.			
*When there is no attending physician or midwife, then the householder should make this return.		Signature <u>C. M. Crow M. D.</u>	
Given or Christian name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
361-1008-539		LOCAL REGISTRAR.	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	